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DIRECTOR

County of San Diego
HEALTH AND HUMAN SERVICES AGENCY

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MENTAL HEALTH SERVICES DIRECTOR

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ALCOHOL AND DRUG SERVICES DIRECTOR

MARSHALL LEWIS, MD, DFAPA
CLINICAL DIRECTOR

May 25, 2010

Department of Mental Health
Attn: MHSA Plan Review
1600 9th Street, Room 100
Sacramento, CA 95814

Dear Assistant Deputy Director:

The County of San Diego, Health and Human Services Agency (HHS), Behavioral Health Services (BHS) submits the following request to amend our existing Mental Health Services Act (MHSA) Agreement. The Fiscal Year 2010/2011 Annual Update includes our Implementation Progress Report for FY 2008/2009 and an amendment to expand existing CSS services. This submission is in response to DMH Information Notice No: 10-01, Proposed Guidelines for the Mental Health Services Act (MHSA) Fiscal Year (FY) 2010/2011 Annual Update to the Three-Year Program and Expenditure Plan.

Summary of MHSA Agreement / Funding Request

In accordance with DMH Information Notice No. 10-01, we are requesting an amendment to our existing CSS contract to include additional funds for FY 2010/2011 to expand our existing CSS programs and services.

Below is a table of changes relevant for this request. Work Plan ALL-SD has decreased by 180 clients due to an effort to improve the quality of care provided by the program. The program will be increasing the intensity of services and use of evidence based and best practices for those seeking specialty mental health services. Two small programs were removed from CY-FSP and added to CY-OE to more accurately classify the type of program.

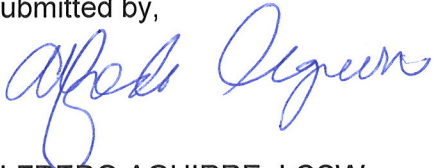
Work Plan	CSS Program Name	New to Plan	Funding Type	Enhancement
CY-FSP	Children and Youth – Full Service Partnership	Expand	FSP	\$462,693
CY-SD	Children and Youth – System Development	Expand	SD	\$830,000
CY-OE	Children and Youth – Outreach & Engagement		OE	\$137,307
TAOA-FSP	Transitional Age Youth, Adult & Older Adult - Full Service Partnerships	Expand	FSP	\$806,167
TAOA-SD	Transitional Age Youth, Adult & Older Adult - System Development	Expand	SD	\$2,337,673

Work Plan	CSS Program Name	New to Plan	Funding Type	Enhancement
ALL-SD	All Ages – System Development	Enhance	SD	\$56,000
MHSA Administration				\$462,984
Total				\$5,092,824

The FY 2010/2011 Annual Update was made available for public review and comment for a 30-day period (pursuant to Welfare and Institutions Code §5848(a), via presentation at our Mental Health Board, posting electronically on our community access web site, and via e-mail distribution to Council and Board participants.

The attached documents provide all requirements of the Plan Update Process as described in DMH Information Notice No: 10-01. We request your approval of the additional funding for expanded CSS services for Fiscal Year 2010/2011. We appreciate your consideration of this request.

Submitted by,



ALFREDO AGUIRRE, LCSW
Deputy Director
Mental Health Services

cc: MHSOAC

LISTING OF SAN DIEGO COUNTY MHSA CSS & PEI PLANS

Number	Program Name	Funding	Target Age
Community Services and Supports (CSS) Work Plans			
CY-FSP	Children and Youth Full Service Partnerships	FSP	Children
CY-OE	Children and Youth Outreach & Engagement	OE	Children
CY-SD	Children and Youth System Development	SD	Children
TAOA-FSP	Transition Age Youth, Adult & Older Adult Full Service Partnerships	FSP	TAY, Adult, Older Adult
TAOA-SD	Transition Age Youth, Adult & Older Adult System Development	SD	TAY, Adult, Older Adult
ALL-OE	All Ages Outreach & Engagement	OE	All Ages
ALL-SD	All Ages System Development	SD	All Ages
Prevention and Early Intervention (PEI) Work Plans			
CO-01	Co-Occurring Disorders – Bridge to Recovery	PEI	Adult, Older Adult
CO-02	Co-Occurring Disorders – Screening by Community Based ADS Providers	PEI	All Ages
DV-01	Families as Partners	PEI	All Ages
DV-02	South Region Trauma Exposed Services	PEI	Children
DV-03	Alliance for Community Empowerment	PEI	All Ages
EC-01	Positive Parenting Program (Triple P)	PEI	Children (0-5)
FB-01	Kick Start	PEI	TAY
NA-01	Collaborative Native American Initiative	PEI	All Ages
OA-01	Elder Multicultural Access and Support Services (EMASS)	PEI	Older Adult
OA-02	Positive Solutions	PEI	Older Adult
OA-03	Life Long Learning	PEI	Older Adult
OA-04	REACHing Out	PEI	Adult, Older Adult
OA-05	Salud	PEI	Older Adult
PS-01	Primary and Secondary Prevention – Public Outreach, Education and Support Lines	PEI	All Ages
RC-01	Rural Integrated Behavioral Health & Primary Care Services	PEI	All Ages

FSP – Full Service Partnership
SD – System Development

OE – Outreach and Engagement
TAY – Transition Age Youth

LISTING OF SAN DIEGO COUNTY MHSA CSS & PEI PLANS

Number	Program Name	Funding	Target Age
SA-01	School-Based Program	PEI	Children
SA-02	Suicide Prevention Education Awareness and Knowledge (SPEAK)	PEI	All Ages
VF-01	Courage to Call	PEI	All Ages

COUNTY SUMMARY SHEET

This document is intended to be used by the County to provide a summary of the components included within this annual update or update. Additionally, it serves to provide the County with a listing of the exhibits pertaining to each component.

County:		San Diego																			
		Exhibits																			
		A	B	C	C1	D	D1*	E	E1	E2	E3	E4	E5	F**	F1**	F2**	F3**	F4**	F5**	G***	H****
For each annual update/update:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>													
Component	Previously Approved	New																			
<input checked="" type="checkbox"/> CSS	\$ 74,065,254				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> WET		\$			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/> CF	\$	\$					<input type="checkbox"/>				<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>					
<input type="checkbox"/> TN	\$	\$					<input type="checkbox"/>				<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>				
<input checked="" type="checkbox"/> PEI	\$ 29,640,404	\$			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>			
<input checked="" type="checkbox"/> INN		\$				<input checked="" type="checkbox"/>	<input type="checkbox"/>						<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		
Total	\$103,705,658	\$																			
Dates of 30-day public review comment period:								4/1/2010 - 4/30/2010													
Date of Public Hearing****:								5/6/2010													
Date of submission of the Annual MHSA Revenue and Expenditure Report to DMH:								2/28/2010													

*Exhibit D1 is only required for program/project elimination.

**Exhibit F - F5 is only required for new programs/projects.

***Exhibit G is only required for assigning funds to the Local Prudent Reserve.

****Exhibit H is only required for assigning funds to the MHSA Housing Program.

*****Public Hearings are required for annual updates, but not for updates.

COUNTY CERTIFICATION

County: San Diego

County Mental Health Director	Project Lead
Name: Alfredo Aguirre	Name: Philip Hanger
Telephone Number: (619) 563-2700	Telephone Number: (619) 584-5022
E-mail: alfredo.aguirre@sdcounty.ca.gov	E-mail: philip.hanger@sdcounty.ca.gov
Mailing Address: San Diego County Behavioral Health Services 3255 Camino del Rio South, MS: P-531C San Diego, CA 92108	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update, including all requirements for the Workforce Education and Training component. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2010/11 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board of commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.¹

The County Mental Health Director approves all Capital Facilities and Technological Needs (CFTN) projects.

The County has complied with all requirements for the Workforce Education and Training component and the Capital Facilities segment of the CFTN component.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY 2010/11 annual update/update are true and correct.

Alfredo Aguirre, LCSW
Mental Health Director/Designee (PRINT)

 5/25/10
Signature Date

¹ Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement and may strike this line from the certification.

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

County: San Diego

Date: 5/11/10

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per title 9 of the California Code of Regulations, sections 3300 and 3315.

Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

Community Program Planning
<p>1. Briefly describe the Community Program Planning (CPP) Process for development of the FY 2010/11 annual update/update. Include the methods used to obtain stakeholder input.</p> <p>The County of San Diego integrated information from the extensive CSS Planning process, data from the MHSA Gap Analysis, and community input from our stakeholder-led councils (Children's System of Care Council, Adult System of Care Council, Older Adult System of Care Council, and Mental Health Board) in the development of our Fiscal Year 2010/11 Annual Update.</p> <p>The stakeholder-led councils provide a forum for both Council representatives and the public to stay informed and involved in the planning and implementation of MHSA programs. The members of these councils received draft materials and presentations by Dr. Philip Hanger (MHSA Coordinator) on DMH guidelines and the County's proposal for the Annual Update. Community input from these councils was collected during the FY 2010/2011 planning phase and considered during development of the Annual Update. Council members also shared MHSA information with their constituents and other groups involved in mental health services and issues.</p> <p>In addition, the MHSA Planning Team utilizes an extensive list of interested parties (e.g., stakeholders, providers, consumers, family members) to send updates and communications about planning meetings, documents, and proposed updates to the MHSA Plan. Annual Update information and input requests were e-mailed to other stakeholder distribution lists, including the Mental Health Coalition and Contractor's Association.</p> <p>The draft Annual Update was posted on the County's Network of Care website and community and stakeholder input was also solicited and received via telephone (local and toll-free lines), internet, and e-mail using the County's MHSA Proposition 63 comment/question line.</p>
<p>2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process.</p> <p>Membership within the Children's, Adult, and Older Adult System of Care Councils includes consumers and family members, as well as other key stakeholders in the community such as providers, program managers, representatives of consumer and family organizations, advocacy groups, education representatives, and County partners.</p> <p>The Mental Health Board is comprised of consumers, family members, and individuals from the mental health field representing each of the five County Supervisor districts.</p> <p>The County's Behavioral Health Services Division is comprised of Mental Health Services and Alcohol and Drug Services (ADS) working together to meet the needs of the community. Throughout MHSA planning activities, ADS providers offered essential input on the needs for specialized mental health assistance for clients currently receiving treatment in ADS-contracted programs. ADS input were received during numerous community forums, as well as through the ADS Providers Association and monthly ADS Provider meetings.</p>

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

3. If eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.
N/A
Local Review Process
4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.
The Fiscal Year 2010-11 Annual Update will be publicly posted with the Clerk of the Board of Supervisors, and distributed in hardcopy or electronically to the Children's, Adult, Older Adult, and Housing Councils, the TAY Work Group members and to our Consumer/Family Liaisons for distribution to the mental health community. The County maintains an extensive email distribution list for MHSA related materials and information. Additionally, the information and documentation was posted on the County's Network of Care website and at the Office of the Clerk of the Board.
5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.
There were no substantive comments received during the stakeholder review and public hearing.

IMPLEMENTATION PROGRESS REPORT ON FY 08/09 ACTIVITIES

County: San DiegoDate: 5/11/2010

Instructions: Welfare and Institutions Code section 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County's implementation of the MHSA including CSS, PEI and WET components during FY 2008/09.

CSS, WET and PEI

1. Briefly report on how the implementation of the MHSA is progressing: whether implementation activities are generally proceeding as described in the County's approved Plan, any key differences, and any major challenges.

Community Services and Supports (CSS)

Implementation activities of MHSA Community Services and Supports programs are generally proceeding as described in the County's approved plan, plan amendments and subsequently adopted MHSA agreement. All programs identified in the initial CSS plan have begun to provide services. On September 18, 2008, the County was approved for additional plan enhancements to augment and expand services in school and home based services (CY-1), child welfare supportive services and treatment (CY-8); integrated services and supportive housing (TAY-1 and OA-1); enhanced outpatient services (TAY-4 and AOA-1); clubhouse enhancement with employment (A-5), patient advocacy for board and care facilities (A-10); interpreter services (ALL-4), Chaldean services (ALL-7); legal aid to clubhouses (TAOA-1) and the North County Walk-in Assessment Center. Additionally, six new programs were funded:

- Juvenile Justice/Probation Services (CY-9) serving children and youth;
- Case Management (CY-10) serving children and youth;
- Intensive Case Management (TA-1) serving transition age youth and adults;
- Strength Based Care Management (OA-4) serving older adults;
- Peer Telephone Support (TAOA-4) serving transition age youth, adults and older adults; and
- Mental Health Calendar (TAOA-5) serving transition age youth, adults and older adults.

As of June 30, 2009, one program had not been implemented – the Mental Health Calendar. The Mental Health Calendar is a coordinated partnership between County Mental Health Services and the Justice and Probation Departments. The planning for the implementation of this program is progressing as planned.

Workforce Education and Training (WET)

By June 30, 2009, the County's MHSA Workforce Education and Training plan had not been approved. Funds made available for planning and early implementation activities progressed as planned. The Consumer/Family Academy continues to train and support the employment of individuals with mental health client and family member experience to be employed in the public mental health system. The comprehensive, system-wide education and training program initially piloted under the Community Services and Supports component (OT-1) continued to provide quality cultural competence training to all providers and programs in the Adult/Older Adult and Children's systems. Other topics included, but were not limited to, Roadmap to Recovery, co-occurring disorders, and trauma.

Prevention and Early Intervention (PEI)

The County's MHSA Prevention and Early Intervention Plan was approved by the State Mental Health Services Oversight and Accountability Commission (MHSOAC) on January 30, 2009. As of June 30, 2009, implementation was proceeding as described in the County's approved plan. Two programs began providing services in Fiscal Year 2008-09 – DV01 Families as Partners (formerly South Region Point of Engagement) and NA01 Native American Initiative. The challenge in starting up new programs has been the competitive procurement process which takes approximately nine months to obtain executed contracts and start services.

2. Provide a brief narrative description of progress in providing services to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities.

IMPLEMENTATION PROGRESS REPORT ON FY 08/09 ACTIVITIES

San Diego County Mental Health Services continues to develop and monitor the provision of linguistically and culturally appropriate services for the diverse populations of our County, focusing special attention on unserved/underserved communities. Below are a number of highlights that represent only part of the contribution our programs have made to address ethnic and racial service disparities and system transformation.

Consumer Services and Supports (CSS)

- In our efforts to reach out to San Diego County's large Hispanic community, Mental Health Services composes and edits articles for the *Salud+Health Info* magazine, San Diego's health care English-Spanish magazine. The *Salud+Health Info* provides knowledge of good and healthy living to the communities within the greater San Diego Region. The published stories bring information about the Mental Health Services Act, mental health care, messages of treatment, stories of recovery and information about stigma and discrimination around mental illness to the community as well as invitations to monthly meetings around the county. The program was completed in Fiscal Year 2009-10.
- The North County Walk-in Assessment Center particularly targets their outreach efforts to Latino, Asian and Pacific Islander transitional age youth (18-25), adults and older adults. The program utilizes telepsychiatry to link consumers with psychiatrists via technology and, thereby, increases access to emergency psychiatric evaluations and reduces unnecessary utilization of emergency and inpatient services. In Fiscal Year 2008-09, 884 clients saw a psychiatrist through telepsychiatry. Over 97% of the clients served by telepsychiatry returned to their current residence and did not require emergency room or inpatient services based on their discharge plan.
- Providence Community Services Catalyst implements an Assertive Community Treatment (ACT) program which provides full service partnership services to transitional age youth ages 16 to 24 with a serious mental illness who are high utilizers of the mental health system and/or transitioning from the foster care system and/or homeless or at risk of becoming homeless in our community and/or have criminal justice involvement. In Fiscal Year 2008-09, Catalyst had approximately 151 enrolled clients. This recovery-focused program also includes a consumer-run clubhouse named Oasis, which is also a CSS Program. Both these programs provide a wide range of services designed to help each client lead meaningful, self-sufficient lives, and thereby, enhancing care to the underserved transition age youth in our community.
- San Pasqual Academy is a first-in-the-nation residential education campus designed specifically for foster teens to provide them with a stable, caring home, a quality, individualized education, and the skills needed for independent living. Through MHSA funds, New Alternative provides mental health services and peer-mentorship supplementing and enriching clinical services to San Pasqual Academy residents and students with the goals of returning youth to their family or family-life setting, deterring youth from placement in a higher level of care and stabilizes their current placement. In June 2009, 26 students graduated with a high school diploma with 10 of those students heading to a 4-year university.
- San Diego Deaf Mental Health Services (SDDMHS) operates a specialized, culturally, linguistically and developmentally appropriate outpatient service for emotionally disturbed children and seriously mentally impaired transitional age youth, adult and older adults in our community who are deaf or hard of hearing, including those who may have a co-occurring substance abuse disorder. SDDMHS provides services and staff who are culturally and linguistically competent to work with deaf and hard of hearing clients by using American Sign Language and other forms of communication to meet the client needs.
- In an effort to increase timely access to services and support to Older Adults and family/caregivers, the Heritage Clinic program provides comprehensive housing and mental health services as a full service partnership program. Heritage Clinic is charged to target unserved Latino, Asian/Pacific Islander older adults with a history of repeated emergency mental health or inpatient services during the year prior to program admission, and/or who are at risk for institutionalization, and/or homeless or at risk for homelessness. A key goal of this program is to reduce the disparity in mental health services available to this vulnerable population, by reducing isolation, improving mental health and allowing Older Adults to remain safely in their homes.

The County faced new challenges in reporting race/ethnicity data in Fiscal Year 2008-09. First, the County changed Management Information Systems in October, 2008, resulting in FY 08-09 data being combined from two different systems. Additionally, because the State changed the manner in which CSI Race/Ethnicity statistics were to be recorded, San Diego's statistics for services to Hispanics reflect data gathering problems in FY 08-09. Ten percent of the Adult clients served reported their race as "Other/Unknown", an increase from 8% in FY 07-08 and the number of Hispanic clients served decreased by 3%, which is unlikely given program emphasis on expanding such services. Of the clients reporting on "Hispanic by Race" many marked themselves as "Other/Unknown" when choosing among nationalities, so this data was not usable. Among Children, 7% were reported as "Unknown" ethnicity, an increase of 2% from FY 07-08. Of the clients served, 49% were reported as Hispanic, a decrease of 2% from FY 07-08. This is unlikely since the

IMPLEMENTATION PROGRESS REPORT ON FY 08/09 ACTIVITIES

increase of Hispanic participants in MHSA children's programs was 27% from FY 07-08 to 08-09. Data reporting for Fiscal Year 2009-10 will be much improved as data report forms are being developed and comparable data to the previous management information system reports may now be gathered using a different methodology.

The total number of clients served by Adult /Older Adult specialty mental health programs has continued to increase, rising approximately 6% from FY 07-08 to FY 08-09 and 15% from FY 06-07 (38,124) to FY 08-09 (43,691). The growth rate for the adult mental health population has been spurred by the creation of MHSA programs between FY 06-07 and FY 08-09, specifically for Transitional Age Youth (TAY) and for Older Adults. Historically, these age groups had been only peripherally involved in adult programming but a lack of available funding greatly limited the mental health providers' ability to tailor programming at their special needs. With the new MHSA programming, the number of TAY served increased from 26% between FY 06-07 and FY 08-09 (10% growth from 07-08 to FY 08-09) and the number of Older Adults increased by 33% (17% between FY 07-08 and FY 08-09). The growth rate for adults-only in specialty mental health programs was 10% from FY 06-07 to FY 08-09, with 4% of that growth between FY 07-08 and 08-09.

The total number of client served by the Children's programs has shown a smaller increase, rising from approximately 1% from FY 07-08 to FY 08-09 with a total increase of 3% in FY 06-07 (17,253) to FY 08-09 (17,779). This may be partially explained by the types of MHSA services provided. The percentage of children served in various age groups has remained largely the same between FY 06-07 to FY 08-09, with new service expansion tailored for the comparatively small population of 0-5 year olds with mental health problems. The bulk of MHSA funding was used to expand existing services to reach out to underserved, including, specific ethnic groups, children without insurance, and children already involved with public services. School-based service expansion constituted approximately a quarter of the MHSA CSS children's funding and included some funding for the unserved population of uninsured children and special language groups. An additional 30%+ of MHSA CSS funding went to create more comprehensive services for under-served children already involved with Child Welfare Services and the Court system. In the children's mental health population, 23% of the clients are involved with Child Welfare Services and 18% receive Probation Services. New MHSA services for CWS and Probation clients include Wraparound Services, Juvenile Justice/ Probation Services, Case Management, Medication Support for Dependents and Wards, Outpatient Court Schools and Outreach. Since youth age out of the Children's system, the capacity of the system to expand may be more limited than the adult system. Approximately 30-37% of the clients, depending on the type of program, have historically been new clients.

Workforce Education and Training (WET)

The Workforce Education and Training (WET) Plan for San Diego County was approved on July 1, 2009. It is focused on increasing the level of linguistically and culturally competent individuals in the public mental health workforce. To address cultural competence issues affecting access to services, an overarching theme that cultural diversity must be incorporated into staff, environment, and service delivery models permeates each training module in the WET Plan. Specifically, the Cultural Competency Academy (CCA) under the Training and Technical Assistance Program would be a large-scale initiative to further the objectives identified by the Cultural Competency Resource Team (CCRT) and will be inclusive of the principles of wellness and recovery for ethnically and diverse populations. The CCA will be skill based trainings that will focus on clinical and recovery interventions applied to a diverse client population. Training would occur as part of a series and at all levels of organizations. Culturally representative trainers would be sought from within the diverse community to develop the menu of modules. Early Childhood and youth specific mental health trainings will be addressed as appropriate by the Children's Mental Health System of Care including skill based training for service providers working with early childhood and youth populations.

The WET Plan also includes multiple programs developed to enhance the public mental health workforce with emphasis on targeting individuals from linguistically and culturally diverse backgrounds. These programs include the Public Mental Health Credential/Certificate Pathway, Consumer/Family Pathways, School-Based Pathways/Academy, Nursing Partnership for Public Mental Health Professions, Community and Child Psychiatry Fellowships and LCSW/MFT Residency/Intern. These programs all include financial incentives that include stipends, scholarship or loan assumptions to assist individuals from culturally underserved, un-served or underrepresented community affiliations to receive training and/or education for a career or career enhancement in public mental health.

Prevention and Early Intervention (PEI)

The County's Prevention and Early Intervention Plan was approved on January 30, 2009. The County's Collaborative Native American Initiative program (NA01) provides culturally competent PEI activities and early intervention services to the large Native American population residing in San Diego County. In the two and one-half months that the program was in operation in Fiscal Year 2008-09, 1,191 Native Americans participated in culturally based prevention activities such as the Elder Navigator program and outreach and prevention education. The program seeks to enhance individual, family

IMPLEMENTATION PROGRESS REPORT ON FY 08/09 ACTIVITIES

and community wellness by promoting and increasing awareness and access to cultural events that are known to support resilience.

Families as Partners (DV01, formerly South Region Point of Engagement) began providing screening and assessments in May 2009 to a region of San Diego County that is largely Hispanic/Latino. The program focuses on the needs of families and the immediate provision of services and engagement with community resources and supports in order to assist families in maintaining a safe home for their children and reduce the effects of trauma exposure.

Our Breaking Down Barriers Program researched, examined and developed the report "Addressing Barriers to Mental Health Services for Military Populations Participating in the Global War on Terror." The report identified that there were several governmental and non-governmental organizations providing outreach to active and retired populations, and that there is no comprehensive plan at the county level to increase outreach to active duty, reservists, National Guard, retired and discharged individuals and their families. Veterans, active duty military, reservists, National Guard and their families were identified by the County of San Diego as one of our priority focus population areas. During the PEI community program planning process, the County held planning meetings, a community forum, and a workgroup to develop the Veterans and Families Outreach and Education PEI program (VF01). Childcare based parenting services are also offered to military families through our Early Childhood Triple P program (EC01). By June 30, 2009, these services were in the process of being procured.

PEI programs were developed to provide various activities and services to the older adult population in the County. Such activities include multicultural outreach, education, advocacy, peer counseling support and transportation services to Hispanics, African refugees, African American and Filipino seniors (PEI OA01). Hispanic older adults with a diagnosis of diabetes and with depression or at risk of developing depressive symptoms will receive screenings and appropriate services (OA05). By June 30, 2009, these services were in the process of being procured.

3. Provide the following information on the number of individuals served:

Age Group	CSS	PEI	WET	
	# of individuals	# of individuals (for universal prevention, use estimated #)	Funding Category	# of individuals
Child and Youth	2,552	353	Workforce Staff Support	
Transition Age Youth	1,739	195	Training/Technical Assist.	1,870*
Adult	4,776	542	MH Career Pathway	
Older Adult	954	146	Residency & Internship	
Race/Ethnicity			Financial Incentive	
White	4,258	16		
African/American	934	1	[✓] WET not implemented in 08/09	
Asian	360			
Asian/Pacific Islander	62		Note: The County's PEI plan was approved January 30, 2009. There were two PEI programs that began serving individuals in Fiscal Year 2008-09. Individuals participating in PEI activities or services provided by DV01 Families as Partners (formerly South Region Point of Engagement) and NA01 Native American Initiative. *The number of clients served for WET includes only those programs that were approved for early implementation funding. The County's WET plan was not implemented in Fiscal Year 2008-09.	
Pacific Islander	27			
Native	114	1191		
Hispanic	3,491	29		
Multi – included in Other				
Other	775			
Other Cultural Groups				
LGBTQ	Not available			
Other	Not applicable			
Primary Language				
Spanish	1,448	6		
Vietnamese	64			
Cantonese	4			
Mandarin	7			
Tagalog	39			
Cambodian	31			
Hmong	1			
Russian	6			
Farsi	20			

IMPLEMENTATION PROGRESS REPORT ON FY 08/09 ACTIVITIES

Arabic	248	
Other	389	
Other – English	7,764	1,231

PEI

4. Please provide the following information for each PEI Project:

- a) The problems and needs addressed by the Project.
- b) The type of services provided.
- c) Any outcomes data, if available. (Optional)
- d) The type and dollar amount of leveraged resources and/ or in-kind contributions (if applicable).

The County's Prevention and Early Intervention Plan (PEI) was approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) on January 30, 2009. The County is contracting for all of the services, thus, two PEI programs began providing PEI activities in Fiscal Year 2008/09.

DV01 – Families as Partners (formerly South Region Point of Engagement) began providing services May 1, 2009. This program is a partnership between families, Child Welfare Services and community service providers that will establish a community safety net to ensure the safety and well being of South Region children and their families. Twenty-eight percent of the South Region's population is age 17 and younger; approximately 46% of households are at or below 200% of the Federal Poverty Level; 74% of the population is non-white. There is a need in the South Region to reduce the incidence of placement into the Child Welfare System. Research indicates that a child's removal from their home is an additional trauma that places them at risk for emotional difficulties. This program provides an assessment of parent/family needs as well as assesses the children who have been exposed to family violence and/or trauma and who may be at risk of entering the child welfare system. Children determined to be at risk for home removal will be diverted from out of home placement and the family will be provided resources to receive early intervention services available in PEI program DV02 South Region Trauma Exposed Services.

NA01 – Native American Initiative began offering prevention and early intervention activities April 2009. San Diego County has the largest number of American Indian reservations and tribal governments in the nation. Reports have shown that there is a great need in the American Indian (AI) community with 10% of urban AI youth attempted suicide in 2004, child abuse rate of 34%, rate of violent crime victimization of youth ages 12 to 17 is 68%, youth offenders is 15%, teen alcohol use is 47%, and the high school graduation rate is the third lowest in the county at 68.9%. The Dreamweaver PEI Native American Consortium provides an Urban Youth Center, Elder Services/Navigator Program and Outreach and Prevention Education with a focus on suicide prevention. The Consortium delivers services through the use of counselors, outreach educators, case workers and elder navigators.

PREVIOUSLY APPROVED PROGRAM

County: San DiegoProgram Number/Name: ALL-OE All Ages Outreach & EngagementDate: 5/11/ 2010

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>This plan serves seriously emotionally disturbed children (0-17 years) and seriously mentally ill transition age youth (18-24 years), adults (18-59 years), and older adults (60 years and older) who are deaf or hard of hearing or victims of trauma and torture. This program also serves uninsured individuals receiving physical health care at community clinics who are not currently receiving mental health services. Special focus is placed on individuals identified as unserved or underserved by San Diego County's Gap Analysis, which includes Native Americans, Latinos, Asians/Pacific Islanders, and African Americans.</p> <p>This plan offers a variety of outreach and engagement, and outpatient mental health services, including care coordination, linkage, and individualized/family-driven services and supports. Clients are provided with necessary linkages to appropriate agencies for psychotropic medication management if necessary, as well as services for co-occurring substance abuse disorders. Targeted services include:</p> <ul style="list-style-type: none"> <u>Services for the Deaf and Hard of Hearing</u> reaches out to, and offers, specialized counseling for individuals with hearing impairments. The program provides interventions to assist clients and families to achieve a more adaptive level of functioning. Services are provided in Communication Accessible languages including, but not limited to, American Sign Language. <u>Services for Victims of Trauma and Torture</u> reaches out, engages with, and provides specialized interventions for these individuals, as well as trainings for other providers on working more competently and effectively with victims of trauma and torture. <u>Mental Health Services in Community Clinics</u> provides treatment services to uninsured individuals through a master agreement with the Council of Community Clinics for management and authorization of care and general system management. The Council of Community Clinics represents a consortium of community clinics and Indian Health Services providers in San Diego County. The goal of this program is to integrate care between the primary care provider and the mental health provider within the same clinic structure. <p>These services advance MHSA goals by increasing access to services for unserved and underserved individuals through an integrated system of collaboration with</p>									

PREVIOUSLY APPROVED PROGRAM

mental health and community providers. These services reduce mental disability and restore functioning for individuals through education, targeted services, and support for enhanced self-sufficiency. In addition, this program provides a range of rehabilitation interventions to assist persons with serious mental illness achieve a desired quality of life consistent with a bio-psychosocial approach.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount \pm 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

County: San DiegoProgram Number/Name: ALL-SD All Ages System DevelopmentDate: 6/7/ 2010

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
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<p>* This work plan serves 11,597 clients.</p> <p>This plan provides services to children, transition age youth (TAY), families, adults, and older adults who are unserved and underserved and have a serious mental illness or serious emotional disturbance. Targeted populations include individuals of Middle Eastern descent, Veterans, homeless individuals, Native Americans, children or TAY who are bilingual with a parent or caretaker who is monolingual, adults who are monolingual or not proficient in the English language, and adults who prefer to speak in their native language.</p> <p>The plan offers a variety of services to individuals of all ages in the community including:</p> <ul style="list-style-type: none"> <u>Interpreter Services</u> provides interpretation in multiple languages for clients and families receiving services by a clinician, case manager, psychiatrist, or other staff person at a mental health program. When services are requested, assigned interpreters travel to the program site to work with the client and care coordinator. In a situation identified as urgent, services are provided within four hours. <u>Psychiatric Emergency Response Team (PERT)</u> assists individuals in crisis that come to the attention of law enforcement. PERT seeks to optimize safe outcomes for these individuals through on-scene assessment, crisis intervention, referral, and access to appropriate services. Services are provided by a licensed mental health professional and a specially-trained PERT law enforcement officer. PERT clinicians also provide education and training to the law enforcement community. A PERT clinician also rides with the San Diego Police Homeless Outreach Team focusing on Veterans. <u>Chaldean Services</u> focuses on the Middle Eastern community who have not traditionally accessed mental health services due to cultural or language barriers. The goal of this program is to decrease stigma around mental health issues through provision of culturally competent services that increase well being and symptom management. Services are provided by bilingual and bicultural Middle Eastern mental health service professionals and include counseling, outreach and education, and training for mental health professionals on Middle Eastern populations and the manifestations of mental disorders in this population. The 										

PREVIOUSLY APPROVED PROGRAM

program collaborates with current mental health providers, Children's Welfare Services, Chaldean Catholic Church in El Cajon, Survivors of Torture & Trauma, law enforcement, and Middle Eastern providers of physical and mental health services in private practice.

This plan furthers the goals of the MHSA through the implementation of rehabilitation principles that are effective in reducing psychiatric hospitalization or incarceration by utilizing the least restrictive level of appropriate care and assisting unserved and underserved persons with a mental illness to become more productive community members. The services ensure timely access to mental health care and address the disparities gap for individuals of diverse multilingual communities. Service providers collaborate with County mental health providers, increasing service integration and coordination across the system.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount \pm 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

County: San DiegoProgram Number/Name: CY-FSP Children and Youth Full Service PartnershipDate: 6/7/2010

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET												
Previously Approved												
No.	Question	Yes	No									
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2								
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3								
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4								
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly								
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.								
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5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>											
<p>*This program has been enhanced and the number of clients served has increased to 1,545 clients.</p> <p>This plan serves children, youth, and transition age youth (TAY) up to age 21, who have a diagnosis of serious emotional disturbance or serious mental illness and their families. Special targeted populations include indigent/unserved Latinos and Asian/Pacific Islanders (API), homeless or runaway children and youth, and children and youth who are Medi-Cal eligible, transitioning home or to a home-like setting from residential-based services, and at risk of returning to a higher level of care.</p> <p>This plan provides an array of full service partnership services including assessment, case management, intensive mental health services and supports, psychiatric services, referrals, linkage with community organizations and co-occurring services. Services are strength-based, family-oriented, focus on resilience and recovery, and encompass mental health education, outreach, and a range of mental health services as required by the needs of the target populations. This plan offers three targeted approaches.</p> <ul style="list-style-type: none"> <u>Cultural/Language Specific Services</u> is based on principles of community involvement, cultural and linguistic competence, and outreach to underserved Latino and Asian/Pacific Islander (API) children and youth and their families. <u>Homeless and Runaway Services</u> focuses on conducting outreach and engagement to homeless youth, making connections with homeless-specific community organizations, and linking clients to existing homeless youth outreach workers and community resources. <u>Child Welfare Services (CWS) and Probation Department Services</u> provide highly individualized services to maximize the capacity of the family to meet the child's needs, thereby reducing the child's level of care from a group home placement to a home or home-like setting. In addition, Early Periodic Screening Diagnosis and Treatment (EPSDT) services provide medication support for children and adolescents who are full scope Medi-Cal beneficiaries. 												

PREVIOUSLY APPROVED PROGRAM

- Clinic-Based Services are provided in six locations throughout the County to a diverse range of children, youth, and families. These services are designed to promote access to medical, social, rehabilitative, or other needed community services and supports. Case managers/rehabilitation workers provide mental health rehabilitative services, home visits, and assistance to parents to manage treatment appointments and service plans. Many case managers/rehabilitation workers have bilingual language capacity to serve parents who are often monolingual.

This plan furthers the goals of the MHSA by providing culturally competent, wraparound services for identified unserved and underserved populations with a focus on family inclusion. Services are designed to address access disparities and reduce stigma associated with mental health services and treatment. The plan also strives to reduce institutionalization and promote integrated service experiences for clients and families.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount \pm 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

County: San DiegoProgram Number/Name: CY-OE Children and Youth Outreach and EngagementDate: 6/7/ 2010

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
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5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<p>* The number of clients served by this work plan has increased to 730.</p> <p>This work plan serves children and youth, up to age 18, with serious emotional disturbance who are indigent and unserved or underserved and their families. Targeted outreach is made to Latino youth and youth involved in the juvenile justice system and associated community schools and children and youth with co-occurring disorders.</p> <p>This plan offers outreach and engagement, assessment, medication management, case management, referral and linkage, co-occurring mental health/substance use treatment, and individual, group, and family therapy. Services are individualized, culturally-competent, resilience-focused, strength-based, and designed to have families and youth actively participate in the development of their treatment plans.</p> <p>School-Based and Home Services offers evidenced-based services at designated school sites during regular hours. Family services and services after school hours or during school breaks are offered in the home or office-based locations. Service providers work closely with school personnel to engage and support youth and their families in defining their vision and purpose, which then can be translated into strength-based goals. Juvenile Court and Community School services are designed to assist youth in returning to their home school districts in order to increase academic success. This program is dual-diagnosis capable.</p> <p>This plan addresses MHSA goals by increasing timely access to care for indigent children and youth who would otherwise remain unserved/underserved and by providing client and family-driven, strength-based, culturally-competent, and recovery-oriented services in school and community-based settings. The program strives to reduce institutionalization and promote integrated service experiences for clients and families.</p>										
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						

PREVIOUSLY APPROVED PROGRAM

3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount \pm 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

County: San DiegoProgram Number/Name: CY-SD Children and Youth System DevelopmentDate: 6/7/ 2010

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
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<p>*This program has been enhanced and the number of clients served has increased to 7,766 clients.</p> <p>This plan serves children and youth, up to age 18, with serious emotional disturbance and their families. Special outreach is made to unserved and underserved populations including Latinos and Asian/Pacific Islanders, children and youth referred by the Probation Department and Kearny Mesa Juvenile Detention Facility, youth who reside in residential treatment facilities, and children and youth placed at home, foster care, or small group home at risk of a change in placement (i.e., placement at a higher level of care and therefore at risk of being removed from their home, foster home, or small group home).</p> <p>This work plan consists of a number of different programs designed to transform the mental health system.</p> <ul style="list-style-type: none"> <u>Family and Youth Peer Support and Partner Services</u> hires family members to provide support, education, information, linkage to services, and advocacy for children, youth, and their families. This program offers leadership training opportunities enabling family and youth partners, who have experience with the mental health system, to serve as role models and leaders for the community. Other activities include treatment meetings, care planning, wraparound meetings, intake and assessments, case management, and home visits. <u>Crisis Intervention Services</u> aim to prevent escalation, promote management of mental illness, increase safety, and reduce unnecessary and costly utilization of emergency and inpatient services. This program is staffed by one mobile team that provides emergency mental health evaluations, crisis intervention, linkage, and treatment plan development. The program refers and links individuals to services as an alternative/diversion to hospitalization when clinically indicated. <u>Screening and Medication Management Services</u> provide short-term stabilization treatment with psychotropic medication, case management, and linkage to on-going treatment. Services include psychiatric evaluation, consultation, assessment, and medication monitoring. The program also offers screening, brief interventions, and referral for clients with co-occurring disorders. 										

PREVIOUSLY APPROVED PROGRAM

- Early Childhood Services provide family therapy for children age 0-5. The goal of this program is early treatment intervention in order to increase resilience of the child and family, prepare the child to function in school, and enable the child to interact appropriately with other children. Program staff lead parent groups, parent and child interaction training, trauma intervention, and social skills training for young children.
- Supportive Services and Treatment Program works in conjunction with Child Welfare Services (CWS) and the Department of Probation to provide a full range of rehabilitation options designed to: 1) return children and youth to their family or family-like settings, 2) deter children and youth from being placed in a higher level of care, and 3) stabilize placement. Clients receive case management, assessment, life-skills training, therapeutic support for substance abuse issues, employment support, and specialized treatment. The program also includes a peer mentorship program. Peer mentors serve as a bridge to the adult environment by providing inspiration and hope as youth prepare to leave the San Pasqual Academy.

This plan advances goals of the MHSA by:

- Promoting rehabilitation and recovery for an underserved/unserved group of individuals.
- Increasing client and family participation in service delivery by hiring family members to provide direct service and peer support.
- Offering education to decrease stigma associated with mental health services.
- Minimizing barriers and increasing access to integrated, family-driven services and supports.
- Providing services for clients using the least restrictive environments.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount \pm 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

PREVIOUSLY APPROVED PROGRAM

County: San DiegoProgram Number/Name: TAOA-FSP Transition Age Youth, Adult & Older Adult Full Service PartnershipDate: 6/7/2010

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$23,614,083</td> <td>\$24,420,250</td> <td>3.4%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$23,614,083	\$24,420,250	3.4%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$23,614,083	\$24,420,250	3.4%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<p>*This program has been enhanced and the number of clients served has increased to 3,835 clients.</p> <p>This work plan, which is made up of several services of varying focus, serves unserved or underserved transition age youth (TAY, age 16 to 24), adults (age 25-59), and older adults (age 60 and above) who have a diagnosis of serious mental illness (SMI) and may have a co-occurring substance use disorder. These individuals may be homeless or at risk of becoming homeless, living in a locked long-term care or skilled nursing facility, high utilizers of acute inpatient care and medical services, emergency departments, shelters and psychiatric hospital and those under the care of institutions or at the risk of institutionalization or have active or recent criminal justice involvement. The program also reaches out and engages women, African-Americans, Latinos, and Asian/Pacific Islanders with SMI.</p> <p>The work plan provides a variety of integrated services which may include supported housing (temporary, transitional, permanent), which includes age and developmentally appropriate outreach and engagement, 24/7 intensive case management, wraparound services, community-based outpatient mental health services, rehabilitation and recovery services, supported housing, supported employment and education, dual diagnosis services, peer support services, diversion and reentry services, and other housing options. Some services utilize the Assertive Community Treatment (ACT) model, which is an evidence-based practice that has repeatedly demonstrated effectiveness for people who have serious mental illness who have not been adequately served by the usual service system. All services are culturally competent and linguistically appropriate. This plan includes the following unique components and services:</p> <ul style="list-style-type: none"> <u>Housing Trust Fund</u>, based on the recommendation of the stakeholders in San Diego, sets aside unspent one-time and ongoing housing funds that are used to increase permanent supportive housing opportunities for transition age youth, adults, and older adults in the CSS Full Service Partnership (FSP) integrated homeless programs. These funds are set-aside in this trust fund to leverage the development of affordable project-based permanent supportive housing for these low income clients. <u>Mental Health Calendar</u> provides mental health services for individuals with SMI who have been found guilty of a non-violent crime (either misdemeanor or felony) and are awaiting sentencing. Most individuals are repeat offenders who may have received mental health services while incarcerated or in the 										

PREVIOUSLY APPROVED PROGRAM

community and are referred for services via the justice system. The program is delivered by a specialized, multi-agency Mental Health Calendar that includes Superior Court, District Attorney, Sheriff, Public Defender, Probation, and Behavioral Health Services (Mental Health and Alcohol and Drug Services).

- Residential Integrated Treatment provides 24-hour rehabilitation and recovery services, psycho-education, care coordination, supported employment and education, and peer support services. Physical health screening, consultation, linkage, referral and follow up with primary care provider. This service develops community collaborations to provide employment, housing, and other supports for clients transitioning to independent living.
- Case Management is based on the Strength-Based Care Management model that provides treatment, education, and skill building activities for older adults. Outreach, screening/assessment, social skills training, co-occurring services, assistance with activities of daily living, brokerage, and support services are offered.
- Transition Team Services works to reduce psychiatric hospitalization and improve community support through short-term intensive case management services to individuals who have Medi-Cal, no current Care Coordinator, and are hospitalized at one of San Diego's Medi-Cal psychiatric hospitals.
- High Utilizers of emergency departments, shelters, psychiatric hospitals and those who have had legal and/or justice system involvement are provided intensive services.

The plan was expanded to provide a range of Case Management and peer-delivered services to persons 18-59 who are or have been living in institutional care facilities.

This plan advances the MHSA goals to reduce incarceration and institutionalization, to increase meaningful use of time and capabilities, to reduce homelessness and to provide timely access to needed help for unserved and underserved individuals by providing intensive, wraparound services. In addition, this program advances rehabilitation and recovery practices by assisting clients in their personal recovery via a wellness and resilience focus, as well as in seeking and sustaining employment and educational goals.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount \pm 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: <ol style="list-style-type: none"> The names of Previously Approved programs to be consolidated, Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and Provide the rationale for consolidation. 			

PREVIOUSLY APPROVED PROGRAM

County: San DiegoProgram Number/Name: TAOA-SD Transition Age Youth, Adult & Older Adult System DevelopmentDate: 6/7/2010

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$15,847,803</td> <td>\$18,185,476</td> <td>14.8%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$15,847,803	\$18,185,476	14.8%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$15,847,803	\$18,185,476	14.8%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									

*This work plan serves 2,575 clients.

This work plan, which is made up of several services of varying focus, serves the unserved and underserved transition age youth (TAY, 18 to 24 years), adults (18-59 years), and older adults (60 years and above) with serious mental illness who may have a co-occurring substance abuse disorder, and their families. Special emphasis is placed on outreach and engagement to African-Americans, Latinos, Asian/ Pacific Islanders, Native Americans, women, individuals who are homeless or at risk of homelessness, individuals with a high incidence of emergency and inpatient service utilization, and individuals residing in board and care facilities, emergency shelters, and transitional housing programs.

Adult System Development Services promote wellness and recovery goals, increase timely access and use of mental health services, develop self-sufficiency, and create support networks for clients through the following programs and services:

- Outpatient Bio-psychosocial Rehabilitation clinics provide outreach/engagement, assessment, integrated dual disorders treatment, rehabilitation/recovery services, employment/education support, and psycho-education classes. Outpatient services have been enhanced to create levels of care, field capable services, psychiatric/primary care collaboration and increase the walk-in and urgent capacity at clinics.
- Clubhouses are member-run services that provide opportunities for skill development, social rehabilitation, and symptom management through an array of peer-led educational support groups and community activities. Three clubhouses primarily serve specific ethnic groups: Asian/Pacific Islanders, African-Americans, and Latinos; one is designed specifically for TAY.
- Peer Support and Liaison Services offer peer education delivered by peer counselors. Peers lead classes including Wellness Recovery Action Planning (WRAP) and other best practice curricula.
- Family Education Services offers a series of classes to educate/support families who have relatives with mental illness. This course is taught by families and increases coping skills while encouraging involvement with the mental health system. A 'train-the-trainer' component supports family members willing to become trainers. Classes target English-, Spanish-, Vietnamese-, and Arabic-language speakers.
- Supported Employment Services offers job screening, preparation, development, supports, coaching, placements, and employment opportunities. This program

PREVIOUSLY APPROVED PROGRAM

uses the SAMHSA evidence-based practice model for Supported Employment. The goal of this program is to assist individuals in finding and maintaining competitive jobs leading to recovery and independence.

- Patient Advocacy Program provides advocacy services to clients residing in licensed board and care facilities. These services include forming liaisons with staff and residents; providing information on community resources and the rights and responsibilities of residents and staff; conducting site visits; and investigation of client complaints and grievances.
- Mobile Outreach Services provides engagement, mental health/substance abuse screening, benefits information, linkages, and referrals. Services are offered 24/7 to isolated seniors in-home and to persons who are homeless, including on-site services in the community.
- Social Security Income (SSI) Support Services provides for the training and consultation of SSI. In their employed role as SSI advocates, consumers assist other consumers through the benefit application process. This service also provides benefits application training and support to advocates on preparation of a thorough and accurate SSI application.
- Walk-in Centers are voluntary, drop-in assessment centers that provide comprehensive and integrated assessment of mental health/substance abuse, crisis intervention, follow-up appointments, telepsychiatry, and medication management.
- Geriatric Specialist clinicians provide community based outreach services to isolated older adults, including age appropriate assessments of mental health/substance abuse and physical health needs; case management linkage and recovery services delivered onsite or via outreach and home visits. Clinicians also assist transition of stable clients to lower level resources.

This plan furthers the goals of the MHSA through implementation of rehabilitation principles proven to be effective in reducing psychiatric hospitalizations and assisting unserved and underserved persons with a mental illness to become more productive community members. These family and client-driven services also strive to reduce racial disparities in access to care, decrease the stigma of mental illness and empower peer and family involvement in the service delivery system.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount \pm 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

County: San DiegoProgram Number/Name: INN-01 Wellness and Self-Regulation for Children and YouthDate: 5/11/2010

Select one:

- ☐ CSS
☐ WET
☐ PEI
☒ INN

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: San DiegoProgram Number/Name: INN-02 Peer and Family Engagement ProjectDate: 5/11/2010

Select one:

- ☐ CSS
☐ WET
☐ PEI
☒ INN

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: San DiegoProgram Number/Name: INN-03 Physical Health IntegrationDate: 5/11/2010

Select one:

- ☐ CSS
☐ WET
☐ PEI
☒ INN

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: San DiegoProgram Number/Name: INN-04 Mobility Management in North San Diego CountyDate: 5/11/2010

Select one:

- ☐ CSS
☐ WET
☐ PEI
☒ INN

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: San DiegoProgram Number/Name: INN-05 Positive Parenting for Men in RecoveryDate: 5/11/2010

Select one:

- ☐ CSS
☐ WET
☐ PEI
☒ INN

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: San DiegoProgram Number/Name: CO01 – Co-Occurring Disorders – Bridge to RecoveryDate: 5/11/2010

Select one:

- ☐ CSS
☐ WET
☒ PEI
☐ INN

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Universal Prevention		Selective/Indicated Prevention
		Early Intervention		
	Total Individuals:			
	Total Families:			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

County: San DiegoProgram Number/Name: CO02 – Co-Occurring Disorders – Screening by Community Based ADS ProvidersDate: 5/11/2010

Select one:

- ☐ CSS
☐ WET
☒ PEI
☐ INN

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Universal Prevention		Selective/Indicated Prevention
		Early Intervention		
	Total Individuals:			
	Total Families:			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

County: San DiegoProgram Number/Name: DV01 – Families as Partners (formerly South Region Point of Engagement)Date: 5/11/2010

Select one:

- ☐ CSS
☐ WET
☒ PEI
☐ INN

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:			
		Universal Prevention	Selective/Indicated Prevention	Early Intervention
	Total Individuals:			
	Total Families:			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

County: San DiegoProgram Number/Name: DV02 – South Region & Polinsky Children's Center Trauma Exposed ServicesDate: 5/11/2010

Select one:

- ☐ CSS
☐ WET
☒ PEI
☐ INN

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:			
		Universal Prevention	Selective/Indicated Prevention	Early Intervention
	Total Individuals:			
	Total Families:			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

County: San DiegoProgram Number/Name: DV03 – Alliance for Community Empowerment (formerly Central Region Community Violence Services)Date: 5/11/2010

Select one:

- ☐ CSS
☐ WET
☒ PEI
☐ INN

Prevention and Early Intervention

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:			
		Universal Prevention	Selective/Indicated Prevention	Early Intervention
	Total Individuals:			
	Total Families:			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

County: San DiegoProgram Number/Name: EC01 – Positive Parenting Program (Triple P)Date: 5/11/2010

Select one:

- ☐ CSS
☐ WET
☒ PEI
☐ INN

Prevention and Early Intervention

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Universal Prevention		Selective/Indicated Prevention
		Early Intervention		
	Total Individuals:			
	Total Families:			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

County: San DiegoProgram Number/Name: FB01 – Kick Start (formerly First Break of Mental Illness)Date: 5/11/2010

Select one:

- ☐ CSS
☐ WET
☒ PEI
☐ INN

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:			
		Universal Prevention	Selective/Indicated Prevention	Early Intervention
	Total Individuals:			
	Total Families:			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

County: San DiegoProgram Number/Name: NA01 – Collaborative Native American InitiativeDate: 5/11/2010

Select one:

- ☐ CSS
☐ WET
☒ PEI
☐ INN

Prevention and Early Intervention

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			

5a. If the total number of Individuals to be served annually is different than previously reported please provide revised estimates

Total Individuals: _____ Total Families: _____

5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Universal Prevention	Selective/Indicated Prevention	Early Intervention
	Total Individuals:			
	Total Families:			

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: <ol style="list-style-type: none"> The names of Previously Approved programs to be consolidated, How the Previously approved programs will be consolidated; and Provide the rationale for consolidation 			

PREVIOUSLY APPROVED PROGRAM

County: San DiegoProgram Number/Name: OA01 – Elder Multicultural Access and Support Services (EMASS)Date: 5/11/2010

Select one:

- ☐ CSS
☐ WET
☒ PEI
☐ INN

Prevention and Early Intervention

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Universal Prevention _____ Total Individuals: _____ Total Families: _____		Selective/Indicated Prevention _____ Early Intervention _____
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

County: San DiegoProgram Number/Name: OA02 – Positive Solutions (formerly Home Based Prevention Early Intervention Gatekeeper Program)Date: 5/11/2010

Select one:

- ☐ CSS
☐ WET
☒ PEI
☐ INN

Prevention and Early Intervention

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			

5a. If the total number of Individuals to be served annually is different than previously reported please provide revised estimates

Total Individuals: _____ Total Families: _____

5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Universal Prevention	Selective/Indicated Prevention	Early Intervention
	Total Individuals:			
	Total Families:			

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

County: San DiegoProgram Number/Name: OA03 – Life Long LearningDate: 5/11/2010

Select one:

- ☐ CSS
☐ WET
☒ PEI
☐ INN

Prevention and Early Intervention

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			

5a. If the total number of Individuals to be served annually is different than previously reported please provide revised estimates

Total Individuals: _____ Total Families: _____

5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Universal Prevention	Selective/Indicated Prevention	Early Intervention
	Total Individuals:			
	Total Families:			

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: <ul style="list-style-type: none"> a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation 			

County: San DiegoProgram Number/Name: OA04 – REACHing OutDate: 5/11/2010

Select one:

- ☐ CSS
☐ WET
☒ PEI
☐ INN

Prevention and Early Intervention

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:			
		Universal Prevention	Selective/Indicated Prevention	Early Intervention
	Total Individuals:			
	Total Families:			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

County: San DiegoProgram Number/Name: OA05 – SaludDate: 5/11/2010

Select one:

- ☐ CSS
☐ WET
☒ PEI
☐ INN

Prevention and Early Intervention

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:			
		Universal Prevention	Selective/Indicated Prevention	Early Intervention
	Total Individuals:			
	Total Families:			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

County: San DiegoProgram Number/Name: PS01-Primary & Secondary Prevention - Public Outreach, Education and Support LinesDate: 5/11/2010

Select one:

- ☐ CSS
☐ WET
☒ PEI
☐ INN

Prevention and Early Intervention

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			

5a. If the total number of Individuals to be served annually is different than previously reported please provide revised estimates

Total Individuals: _____ Total Families: _____

5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Universal Prevention	Selective/Indicated Prevention	Early Intervention
	Total Individuals:			
	Total Families:			

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: <ol style="list-style-type: none"> The names of Previously Approved programs to be consolidated, How the Previously approved programs will be consolidated; and Provide the rationale for consolidation 			

PREVIOUSLY APPROVED PROGRAM

County: San DiegoProgram Number/Name: RC01 – Rural Integrated Behavioral Health and Primary Care ServicesDate: 5/11/2010

Select one:

- ☐ CSS
☐ WET
☒ PEI
☐ INN

Prevention and Early Intervention

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			

5a. If the total number of Individuals to be served annually is different than previously reported please provide revised estimates

Total Individuals: _____ Total Families: _____

5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Universal Prevention	Selective/Indicated Prevention	Early Intervention
	Total Individuals:			
	Total Families:			

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: <ol style="list-style-type: none"> The names of Previously Approved programs to be consolidated, How the Previously approved programs will be consolidated; and Provide the rationale for consolidation 			

County: San DiegoProgram Number/Name: SA01 – School-Based ProgramDate: 5/11/2010

Select one:

- ☐ CSS
☐ WET
☒ PEI
☐ INN

Prevention and Early Intervention

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:			
		Universal Prevention	Selective/Indicated Prevention	Early Intervention
	Total Individuals:			
	Total Families:			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

County: San DiegoProgram Number/Name: SA02 – School-Based Services – Suicide PreventionDate: 5/11/2010

Select one:

- ☐ CSS
☐ WET
☒ PEI
☐ INN

Prevention and Early Intervention

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			

5a. If the total number of Individuals to be served annually is different than previously reported please provide revised estimates

Total Individuals: _____ Total Families: _____

5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Universal Prevention	Selective/Indicated Prevention	Early Intervention
	Total Individuals:			
	Total Families:			

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

County: San DiegoProgram Number/Name: VF01 – Call to Courage (formerly Veterans and Families Outreach and Education Program)Date: 5/11/2010

Select one:

- ☐ CSS
☐ WET
☒ PEI
☐ INN

Prevention and Early Intervention

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Universal Prevention _____ Total Individuals: _____ Total Families: _____		Selective/Indicated Prevention _____ Total Individuals: _____ Total Families: _____
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

County: San DiegoProgram Number/Name: #1 Workforce Staffing SupportDate: 5/11/2010

Select one:

- ☐ CSS
☒ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>Workforce Staffing Support includes County and contracted staff that is responsible for monitoring the overall components of WET to be contracted and the evaluation process. The WET Coordinator has responsibility for coordinating all aspects of the planning and implementation phases including monitoring contract activity for contracts funded within the WET plan. The Coordinator assumes accountability for ongoing key processes including attendance at local and statewide stakeholder functions and participation in regional meetings and statewide trainings. Some coordination and implementation activities may be assigned, delegated or contracted. Following are an array of objectives for the WET coordination action plan.</p> <p>A. The WET Coordinator, primary objectives are:</p> <ol style="list-style-type: none"> 1. Assist in preparation of annual updates and other periodic reports as required by California Department of Mental Health and County Mental Health Director. 2. Represent and participate, on behalf of the County, in the Southern Regional Partnership as well as in other state level WET and/or regional partnerships and local, regional and state workforce initiatives. 3. Coordinate the implementation of the WET plan, including program design, development and evaluation. 4. Develop and support WET programming that increases the meaningful inclusion of consumers and family members in the public mental health service system as well as improves the retention of public mental health employees. <p>B. Community Coordination, primary objectives:</p> <ol style="list-style-type: none"> 1. Promote MHSA fundamental concepts in WET programming. 2. Facilitate collaboration with County contracted staff and community partners to assist in implementing WET programming and to identify opportunities to partner with existing workforce development efforts. 3. Communicate information about WET programming, availability of resources including training programs, pathways, residencies and financial 									

PREVIOUSLY APPROVED PROGRAM

incentive programs.

4. Develop and maintain significant outreach and collaboration with San Diego's diverse communities in planning, implementing, and evaluating the plan.
5. Develop marketing, publications and/or technology listservs that assist with disseminating information on WET opportunities including:
 - i. Public mental health career ladders to educate youth, students and the public about opportunities, educational requirements, types of jobs and duties for occupations within public mental health system
 - ii. Residency, internship and MHSA funded WET financial incentive and stipend programs as well as other opportunities available through the County, the State (via MHSA funding) and outside of MHSA.
 - iii. A public mental health system "salary survey" and/or other type of labor market information or research of the labor market for San Diego County.
6. Participate with external WET entities to capitalize on available regional and/or state WET resources and training opportunities.
7. Explore leveraging possibilities to maximize the County's WET funding opportunities.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount \pm 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: <ol style="list-style-type: none"> a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation. 			
n/a				

County: San DiegoProgram Number/Name: #2 Training and Technical AssistanceDate: 5/11/2010

Select one:

- ☐ CSS
☒ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>The County of San Diego provides various training to the current public mental health staff. Additional training modules including Psychosocial Rehabilitation (PSR), Recovery 101, Physician Training, Case Management, Cultural Competence Academy and Clinical Interventions for Victims of Trauma will be released for bid May, 2010. Training objectives will vary based on module content however, overall training objectives include:</p> <ul style="list-style-type: none"> To support the retention and professional development of current and future public mental health staff. To provide specialized training courses as outlined above to further the acceptance and adoption of the concepts embodied in MHSA: wellness, recovery and resilience; cultural competence; client- and family-driven mental health services; integrated service delivery; and community collaboration. To identify additional training courses that will further the acceptance and adoption of the concepts embodied in MHSA: wellness, recovery and resilience; cultural competence; client- and family-driven mental health services; integrated service delivery; and community collaboration. Develop and offer training modules that emphasize outcomes for clients related to: 1) Self-determination, 2) Dignity and worth of every individual. 3) Optimism, 4) Capacity of every individual to learn and grow, and 5) Cultural sensitivity. Develop a selection process for specialized training series for individuals and sites based on regional priorities and a process determined by County MHS staff in partnership with contracted service providers. Conduct a qualitative, satisfaction survey with trainees before, after and at subsequent "follow-up" points after training. Evaluate and document outcomes of trainings provided. 									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						

PREVIOUSLY APPROVED PROGRAM

3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount \pm 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			
n/a				

PREVIOUSLY APPROVED PROGRAM

County: San DiegoProgram Number/Name: #3 Mental Health Career Pathway Programs-Public Mental Health AcademyDate: 5/11/2010

Select one:

- ☐ CSS
☒ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>A. Public Mental Health Credential/Certificate Program- Develop a psychosocial/mental health credential/certificate track within a community college degree program. The program is currently released to the community for bid.</p> <p>B. Geriatric Certificate- Training to be provided to a minimum of 50 individuals annually.</p> <p>C. Consumer/Family Pathways will continue to offer training for meaningful inclusion of consumers and family members to ensure the incorporation of their viewpoints and experiences into education and training including:</p> <ul style="list-style-type: none"> ▪ Peer Employment Training – training persons age 18+ to be Peer Specialists with provision of support to become involved in peer specialist work (75 hour course, 80 individuals trained annually); ▪ Peer Advocacy Training (both brief and intensive curriculums) – training persons age 18+ to be peer advocates with provision of support to become involved in advocacy work (35 hour course, 40 individuals trained annually); ▪ Funding and support for consumers to attend conferences to promote peer involvement in mental health system (minimum of 20 individuals annually); ▪ Expanding family education – for furthering support family education throughout San Diego County, including expanded outreach to underserved communities building off of the NAMI Family-to-Family Education Program, a course for family caregivers of individuals with severe mental illnesses, taught by trained family members (10 two hour classes, 40 individuals trained annually); ▪ Peer Education - Peer training to encourage client awareness of mental illness, coping skills, resource availability, and mutual support possibilities (10 two hour classes, 90 trained annually); and ▪ Youth/Family Employment Training – to help prepare youth and families to work as professional partners. Specific tracks include: Direct Service as a Support Partner, Public Speaking, and Family/Youth Representation (5 day training, 60 trained annually). ▪ Create a career pathway linked with the Consumer training program so that consumers and family members entering the workforce have avenues to 									

PREVIOUSLY APPROVED PROGRAM

pursue further education, which can lead to higher positions within the public mental health system.

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount \pm 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			
n/a				

County: San DiegoProgram Number/Name: #4 Mental Health Career Pathway Programs-School-Based Pathways/AcademyDate: 5/11/2010

Select one:

- ☐ CSS
☒ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>The program is currently released to the community for bid. Expected start date is July, 2010. Objectives include:</p> <ul style="list-style-type: none"> • Develop a mental health career track in the Health Care Pathway programs in schools with linguistically, culturally and economic diverse populations. • Work with school districts and health academies to ensure that public mental health careers are represented in the curriculum, particularly those that serve target population groups. • Increase career counseling services directed toward public mental health professions in diverse school districts. • Increase outreach to districts/schools that do not have health academies by attending career fairs in junior high and high schools. • Develop a high school internship program within the San Diego County public mental health system for students to become familiar with the wellness and recovery model and how services are provided in an integrated mental health delivery system. • Reduce the stigma associated with mental illness. • Increase the diversity of the public mental health workforce. 									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount $\pm 15\%$ of the sum of the previously	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly						

PREVIOUSLY APPROVED PROGRAM

	approved amounts?			If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			
n/a				

PREVIOUSLY APPROVED PROGRAM

County: San DiegoProgram Number/Name: #5 Mental Health Career Pathway Programs-Nursing Partnership for Public Mental Health ProfessionsDate: 5/11/2010

Select one:

- ☐ CSS
☒ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
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FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>The program is currently released to the community for bid. Expected start date is August, 2010. Objectives include:</p> <ul style="list-style-type: none"> ▪ Increase the skill levels and educational attainment of diverse culturally and linguistically diverse/representative groups. ▪ Increase the number of culturally and linguistically diverse individuals working in public mental health occupations. ▪ Encourage incumbent members of the workforce to pursue educational attainment and post-secondary degrees in order to advance their careers in public mental health. • Encourage curriculum development in nursing programs/pathways that focus on particular populations in need - groups such as early childhood, youth, transition age youth, adult, older adults, as well as culturally, linguistically and ethnically diverse communities. 									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount $\pm 15\%$ of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken</p>									

PREVIOUSLY APPROVED PROGRAM

	by the population to be served)., and c) Provide the rationale for consolidation.
n/a	

County: San DiegoProgram Number/Name: #6 Residency, Internship Programs-Community Psychiatry FellowshipDate: 5/11/2010

Select one:

- ☐ CSS
☒ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
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FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>The County is in negotiations with a local provider. Expected start date is September, 2010. Objectives include:</p> <ul style="list-style-type: none"> To investigate the opportunity of partnering with a psychiatric residency program in San Diego County and/or other locations to expand the number of community psychiatrists. To determine if the development of such a fellowship program is feasible and subsequently to develop a new collaborative partnership to reinforce MHSA recovery based trainings. If feasible, develop an implementation plan to institute such a program. If implemented, increase the number of community psychiatrists working in the public mental health system who are trained in the recovery model and are dedicated to providing an integrated service experience for consumers and their families. Increase the number of community psychiatrists working in the public mental health system who are trained in the multicultural issues presented by our diverse population and appreciate the value of including consumers and family members in the service delivery system. Enhance faculty expertise in community health at the medical school and fellows to spend their post-grad (year 4) focused on community psychiatry co-located with family care and combined residency in family medicine and psychiatry. Promote MHSA values to medical students and in a wider medical school culture. Fluency in threshold and critically needed languages e.g., Spanish, Vietnamese, Tagalog, Arabic, Chaldean. Hmong, Cambodian, Laotian, Somali and Swahili. Culturally underserved, un-served or underrepresented community affiliation e.g., Latino, African-American, Vietnamese, Cambodian, Hmong, Lao and Samoan and/or experience providing services to such community members. 									

PREVIOUSLY APPROVED PROGRAM

Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount \pm 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			
n/a				

County: San DiegoProgram Number/Name: #7 Residency, Internship Programs-Child Psychiatry FellowshipDate: 5/11/2010

Select one:

- ☐ CSS
☒ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>The County is in negotiations with a local provider. Expected start date is September, 2010. Objectives include:</p> <ul style="list-style-type: none"> To investigate the opportunity of partnering with a psychiatric residency program in San Diego County and/or other locations to expand the number of child psychiatrists. To determine if the development of such a fellowship program is feasible and subsequently to develop new collaborative partnerships to reinforce MHSA recovery based trainings. If feasible, develop an implementation plan to institute such a program. If implemented, increase the number of child psychiatrists working in the public mental health system who are trained in the recovery model and are dedicated to providing an integrated service experience for consumers and their families. Increase the number of child psychiatrists working in the public mental health system who are trained in the multicultural issues presented by our diverse population and appreciate the value of including consumers and family members in the service delivery system. Enhance faculty expertise in community health at the medical school and fellows to spend their post-grad (year 4) focused on child psychiatry co-located with family care and combined residency in family medicine and psychiatry. Promote MHSA values to medical students and in a wider medical school culture. Fluency in threshold and critically needed languages e.g., Spanish, Vietnamese, Tagalog, Arabic, Chaldean. Hmong, Cambodian, Laotian, Somali and Swahili. Culturally underserved, un-served or underrepresented community affiliation e.g., Latino, African-American, Vietnamese, Cambodian, Hmong, Lao and Samoan and/or experience providing services to such community members. 									

PREVIOUSLY APPROVED PROGRAM

Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount \pm 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			
n/a				

County: San DiegoProgram Number/Name: #8 Residency, Internship Programs-LCSW/MFT Residency/InternDate: 5/11/2010

Select one:

- ☐ CSS
☒ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below. <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.									
The County is currently in the selection process for this program. Expected start date is July, 2010. Objectives include: <ul style="list-style-type: none"> To promote MHSA philosophies and values to students through trainings. To utilize existing partnerships among the universities, field placement faculty and internship training site personnel to reinforce existing MHSA recovery-based training to MSW interns. To develop new partnerships to reinforce MHSA recovery-based training, as needed. To assure that trainings for student incorporate consumer/family/parent advocates experiences. Expand the number of MSW and MFT interns in public mental health. To prepare students for the public mental health workforce. Fluency in threshold and critically needed languages e.g., Spanish, Vietnamese, Tagalog, Arabic, Chaldean. Hmong, Cambodian, Laotian, Somali and Swahili. Culturally underserved, un-served or underrepresented community affiliation e.g., Latino, African-American, Vietnamese, Cambodian, Hmong, Lao and Samoan and/or experience providing services to such community members. 										
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4						

PREVIOUSLY APPROVED PROGRAM

				If no, complete Exh. F1
4.	Is the funding amount \pm 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			
n/a				

County: San DiegoProgram Number/Name: #9 Financial Incentive Programs-Targeted Financial Incentives to Recruit and Retain Licensable and Culturally, Linguistically and/or Ethnically Diverse Public Mental HealthDate: 5/11/2010

Select one:

- ☐ CSS
☒ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
				<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>The Financial Incentives will be incorporated into the LCSW/MFT Residency/Intern, the Public Mental Health Academy, the School-Based Pathway and the Nursing Partnership programs. Objectives include:</p> <ul style="list-style-type: none"> ▪ Increase the recruitment and retention of qualified candidates who may have already completed their studies in exchange for commitment to work in public mental health workforce. ▪ Increase the number of licensed professionals committed to working in the public mental health system. ▪ Increase the number of qualified intern supervisors. ▪ Increase the ethnic diversity of these licensed professionals. ▪ Increase the number of employees from underserved backgrounds. ▪ Increase the number of employees with critical linguistic proficiencies. ▪ Provide advanced educational and employment opportunities to individuals with experience as consumers and family members. ▪ Ensure that prospective and current employees who have received incentives remain employed in the County's public mental health system for up to 2 years. ▪ Offer approximately \$360,950 annually in financial incentives (stipends/scholarships) to attract and retain qualified job candidates. ▪ Award incentives to numerous individuals annually, depending on the dollar amount of each grant. ▪ Increase collaboration between the public mental health system and local graduate programs in the mental health professions. 									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						

PREVIOUSLY APPROVED PROGRAM

3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount \pm 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			
n/a				

County: San DiegoDate: 6/10/2010

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2010/11 Planning Estimates						
1. Published Planning Estimate	\$63,703,900			\$18,291,600	\$9,808,700	
2. Transfers						
3. Adjusted Planning Estimates	\$63,703,900					
B. FY 2010/11 Funding Request						
1. Requested Funding in FY 2010/11	\$79,667,360			\$30,145,801		
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
a. Unexpended FY 06/07 Funds						
b. Unexpended FY 2007/08 Funds ^{a/}						
c. Unexpended FY 2008/09 Funds	\$27,901,015		\$0	\$27,989,125		
d. Adjustment for FY 2009/2010	\$12,500,000			\$17,199,314		
e. Total Net Available Unexpended Funds	\$15,401,015	\$0	\$0	\$10,789,811	\$0	
4. Total FY 2010/11 Funding Request	\$64,266,345	\$0	\$0	\$19,355,990	\$0	
C. Funds Requested for FY 2010/11						
1. Previously Approved Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{a/}						
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates	\$4,354,757			\$2,255,055		
e. Unapproved FY10/11 Planning Estimates	\$59,911,588			\$17,100,935		
Sub-total	\$64,266,345	\$0		\$19,355,990	\$0	
f. Local Prudent Reserve						
2. New Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{a/}						
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates						
e. Unapproved FY10/11 Planning Estimates						
Sub-total	\$0	\$0	\$0	\$0	\$0	
f. Local Prudent Reserve						
3. FY 2010/11 Total Allocation^{b/}	\$64,266,345	\$0	\$0	\$19,355,990	\$0	

^{a/}Only applies to CSS augmentation planning estimates released pursuant to DMH Info. Notice 07-21, as the FY 07/08 Planning Estimate for CSS is scheduled for reversion on June 30, 2010.

^{b/} Must equal line B.4. for each component.

CSS BUDGET SUMMARY

County: San Diego

Date: 5/11/2010

CSS Programs			FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group			
	No.	Name		Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHSA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult
Previously Approved Programs											
1.	CY-FSP	Children and Youth Full Service Partnership	\$6,157,019	\$6,157,019				\$6,157,019			
2.	CY-SD	Children and Youth Systemn Development	\$8,304,692	\$164,220	\$8,140,472			\$8,304,692			
3.	CY-OE	Children and Youth Outreach & Engagement	\$3,654,507			\$3,654,507		\$3,654,507			
4.	TAOA-FSP	Transition Age Youth, Adult & Older Adult Full Service Partnership	\$24,420,250	\$21,757,250			\$2,663,000		\$4,464,953	\$17,225,261	\$2,730,036
5.	TAOA-SD	Transition Age Youth, Adult & Older Adult System Development	\$18,185,476	\$1,019,685	\$17,165,791				\$2,691,450	\$13,239,027	\$2,254,999
6.	ALL-SD	All Ages System Development	\$1,860,000	\$79,205	\$1,780,795			\$599,184	\$319,003	\$753,695	\$188,118
7.	ALL-OE	All Ages Outreach and Engagement	\$2,067,784			\$2,067,784		\$553,386	\$401,108	\$876,806	\$236,484
8.			\$0								
9.			\$0								
10.			\$0								
11.			\$0								
12.			\$0								
13.			\$0								
14.			\$0								
15.			\$0								
16.	Subtotal: Programs ^{a/}		\$64,649,728	\$29,177,379	\$27,087,058	\$5,722,291	\$2,663,000	\$19,268,788	\$7,876,514	\$32,094,789	\$5,409,637
17.	Plus up to 15% County Administration		\$7,775,145								
18.	Plus up to 10% Operating Reserve		\$7,242,487								
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$79,667,360								
New Programs											
1.			\$0								
2.			\$0								
3.			\$0								
4.			\$0								
5.			\$0								
6.	Subtotal: Programs ^{a/}		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7.	Plus up to 15% County Administration										
8.	Plus up to 10% Operating Reserve										
9.	Subtotal: New Programs/County Admin./Operating Reserve		\$0								
10.	Total MHSA Funds Requested for CSS		\$79,667,360								

Percentage
12%
10.0%

Percentage
#VALUE!
#VALUE!

Percentage

12%

10.0%

Percentage

#VALUE!

#VALUE!

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs=

45.10%

Additional funding sources for FSP requirement:

County must provide the majority of MHSA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. In addition, the funding amounts must match the Annual Cost Report. Refer to DMH FAQs at http://www.dmh.ca.gov/Prop_63/MHSA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf

Note: The Fiscal Year 2008-09 Revenue and Expense Report is the basis for the Revenue Sources other than CSS in the calculation to determine the majority of funds for the FSP programs

CSS Majority of Funding to FSPs
Other Funding Sources

	CSS	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re-alignment	County Funds	Other Funds	Total	Total %
Total Mental Health Expenditures:	\$29,177,379	\$994,084		\$4,084,964	\$0	\$0	\$6,843	\$0	\$337,961	\$34,601,231	54%

County: San DiegoDate: 5/11/2010

Workforce Education and Training			FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Category				
	No.	Name		Workforce Staffing Support	Training and Technical Assistance	Mental Health Career Pathway	Residency and Internship	Financial Incentive
Previously Approved Programs								
1.		1 Workforce Staffing Support	\$0					
2.		2 Training and Technical Assistance	\$0					
3.		3 Mental Health Career Pathway Program - Public Mental Hea	\$0					
4.		4 Mental Health Career Pathway Program - School Based Pa	\$0					
5.		5 Nursing Partnership for Public Mental Health Professions	\$0					
6.		6 Community Psychiatry Fellowship	\$0					
7.		7 Child Psychiatry Fellowship	\$0					
8.		8 LCSW/MFT Residency/Intern	\$0					
9.		9 Financial Incentives Programs	\$0					
10.			\$0					
11.			\$0					
12.			\$0					
13.			\$0					
14.			\$0					
15.			\$0					
16.	Subtotal: Previously Approved Programs		\$0	\$0	\$0	\$0	\$0	\$0
17.	Plus up to 15% County Administration							
18.	Plus up to 10% Operating Reserve							
	Subtotal: Previously Approved Programs/County							
19.	Admin./Operating Reserve		\$0					
New Programs								
1.			\$0					
2.			\$0					
3.			\$0					
4.			\$0					
5.			\$0					
6.	Subtotal: WET New Programs		\$0	\$0	\$0	\$0	\$0	\$0
7.	Plus up to 15% County Administration							
8.	Plus up to 10% Operating Reserve							
9.	Subtotal: New Programs/County Admin./Operating Reserve		\$0					
10.	Total MHSA Funds Requested		\$0					

Percentage

#VALUE!

#VALUE!

Note: Previously Approved programs to be expanded, reduced, eliminated and consolidated are considered New.

FY 2010/11

EXHIBIT E4

PEI BUDGET SUMMARY

County: San Diego

Date: 5/11/2010

PEI Programs			FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Type of			Estimated MHSA Funds by Age Group			
No.	Name			Universal Prevention	Selected/ Indicated Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult
Previously Approved Programs										
1.	PS01 Education and Support Lines		\$7,349,219	\$7,346,149	\$3,070		\$1,173,789	\$1,173,789	\$3,089,617	\$1,912,024
2.	VF01 Veterans & Families Outreach & Education		\$1,000,000		\$1,000,000		\$160,000	\$420,000	\$340,000	\$80,000
3.	DV01 Families as Partners (formerly So Region Point of Enga		\$500,008		\$500,008		\$75,001	\$225,004	\$200,003	
4.	DV02 South Region & Polinsky Children's Center Trauma Ex		\$801,907			\$801,907	\$641,526	\$160,381		
5.	DV03 Central Region Community Violence Services		\$498,085		\$249,043	\$249,042	\$298,851		\$199,234	
6.	RC01 Rural Integrated Behavioral health and Primary Care		\$1,400,000		\$994,393	\$405,607	\$490,000	\$238,000	\$476,000	\$196,000
7.	NA01 Collaborative Native American Initiative		\$1,600,000		\$1,462,001	\$137,999	\$898,786	\$350,607	\$233,738	\$116,869
8.	EC01 Positive Parenting Program (Triple P)		\$1,200,000		\$960,171	\$239,829	\$1,200,000			
9.	SA01 School-Based Program		\$2,800,000		\$1,866,667	\$933,333	\$2,800,000			
10.	SA02 School-Based Suicide Prevention		\$817,596		\$778,663	\$38,933	\$204,399	\$613,197		
11.	FB01 Kick Start (formerly Cool Program)		\$1,300,000		\$1,011,111	\$288,889	\$325,000	\$910,000	\$65,000	
12.	CO01 Bridge to Recovery		\$1,500,000		\$78,948	\$1,421,052		\$195,000	\$1,110,000	\$195,000
13.	CO02 Screening, Community Based ADS Programs		\$1,000,000		\$1,000,000		\$220,000	\$110,000	\$560,000	\$110,000
14.	OA01 Elder Multicultural Access and Support Services		\$387,153		\$387,153					\$387,153
15.	OA02 Positive Solutions (formerly Home Based Gatekeeper P		\$488,805		\$325,870	\$162,935				\$488,805
16.	OA03 Life Long Learning: Aging and Wellness		\$174,925		\$174,925					\$174,925
17.	OA04 Reaching Out		\$460,380		\$306,920	\$153,460			\$345,285	\$115,095
18.	OA05 Salud		\$552,595		\$417,053	\$135,542				\$552,595
19.	Subtotal: Programs		\$23,830,673	\$7,346,149	\$11,515,996	\$4,968,528	\$8,487,352	\$4,395,978	\$6,618,877	\$4,328,466
20.	Plus up to 15% County Administration		\$3,574,601							
21.	Plus up to 10% Operating Reserve		\$2,740,527							
	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$30,145,801							
New Programs										
1.			\$0							
2.			\$0							
3.			\$0							
4.			\$0							
5.			\$0							
6.	Subtotal: Programs		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7.	Plus up to 15% County Administration									
8.	Plus up to 10% Operating Reserve									
9.	Subtotal: New Programs/County Admin./Operating Reserve		\$0							
10.	Total MHSA Funds Requested for PEI		\$30,145,801							

Percentage
15%
10.0%

Percentage
#VALUE!
#VALUE!

Note: Previously Approved Programs that propose changes to Key Community Health Needs, Priority Populations, and/or funding as described in the Information Notice are considered New.

1. Budget includes unspent supplemental funding.

FY 2010/11

EXHIBIT E5

INN BUDGET SUMMARY

County: San DiegoDate: 5/11/2010

INN Programs			FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Age Group (if applicable)			
	No.	Name		Children and Youth	Transition Age Youth	Adult	Older Adult
Previously Approved Programs							
1.	INN01	Wellness and Self-Regulation for Children and Youth	\$0				
2.	INN02	Peer and Family Engagement Project	\$0				
3.	INN03	Physical Health Integration Project	\$0				
4.	INN04	Mobility Management in North San Diego County	\$0				
5.	INN05	Positive Parenting for Men in Recovery	\$0				
6.			\$0				
7.			\$0				
8.			\$0				
9.			\$0				
10.			\$0				
11.			\$0				
12.			\$0				
13.			\$0				
14.			\$0				
15.			\$0				
16.	Subtotal: Programs		\$0				Percentage
17.	Plus up to 15% County Administration		\$0				#DIV/0!
18.	Plus up to 10% Operating Reserve		\$0				#DIV/0!
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$0				
New Programs							
1.			\$0				
2.			\$0				
3.			\$0				
4.			\$0				
5.			\$0				
6.	Subtotal: Programs		\$0	\$0	\$0	\$0	Percentage
7.	Plus up to 15% County Administration						#VALUE!
8.	Plus up to 10% Operating Reserve						#VALUE!
9.	Subtotal: New Programs/County Admin./Operating Reserve		\$0				
10.	Total MHSA Funds Requested for INN		\$0				

Note: Previously Approved Programs that propose changes to essential purpose, learning goal, and/or funding as described in the Information Notice are considered New.